Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state
For office use only
Audited
Checked
Computer

Date

FORM-GB

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OF REQUEST.

		VI.
Clarinda MHI		
Name of Department or Office	C	Parinda, IA 51632
Mailing Address		Inrinda, IA 51632 Dity, State, Zip Code
Area Code & Telephone No.		
ONTACT PERSON FOR RECI	PIENT DEPARTMENT OR OFFIC	
Sue Rehwaldt Hays		
Name		
Mailing Address (if different from al	have)	City. State, Zip (if different from above)
Suc.Rehwaldilinys@hown.gov		•••
Email Address		Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST	Г;	
Family of B Harrington		
Name		
	Clarinda, IA 51632	
Mailing Address	City. State, Zip Code	\$100.00
		Date of Gift or Bequeat AmountValue*
Area Code & Telephone Number		,
		value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional).		
Provide a description of the gift or	baquest and purpose thereof:	
Personal clothing donated	-	•
r orbonar crotting doubtec	r to patients	
Critoria to use this form;		
Possint of any olft or homeon than	th annulus of the same described	
Manager of sulf Aur or partners man	s received by any department of the s	atate or received by the Governor on behalf of the state.
atement of Affirmation:		
Sue Rehwaldt Hays	that the diff or bequest reported show	the description of the self-sea will be a self-sea of the self-sea of the sea
sessment of the fair market value (if	applicable) is correct and true to the t	e is accurate. I further affirm that the information concerning the donor ar best of my knowledge.
1-0		-
	2/	
Alera	7 <i>79</i> 55	2/11/11
Signature		D-4-

Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

17125426119

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FO	RM	-GE
----	----	-----

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Indexed	For office use only
Checked	
	er
	- ··· <del>_</del>

D	ž	Ρ,	Ą	R	T	M	E	N	ľ	0R	•	)F	FI	CE	R	Œ	CE	IV	IN	Ģ	Th	佀	G	iF	r	OF	1	3 E	C	lu	E	51	r
---	---	----	---	---	---	---	---	---	---	----	---	----	----	----	---	---	----	----	----	---	----	---	---	----	---	----	---	-----	---	----	---	----	---

Clarinda MHI	RECEIVING THE GIFT OR BEQUE	
Name of Department or Office		
IRRO N 16th Malling Address		Sarinda, IA \$163Z
712-542-2161		City, State, Zip Code
Area Code & Telephone No.		
CONTACT PERSON FOR R	ECIPIENT DEPARTMENT OR OFFI	CE:
Suc Rehwaldt Hays		
Name		
Mailing Address (if different fro	The share of	
Suc. Retivaldil lays@iowa.gov	in above)	City, State, Zip (if different from above)
Email Address		Area Code & Telephone Number (if different from above)
		The state of the s
ONOR OF GIFT OR BEQU	EST:	
Mike Kovar		· ·
Name		
	Clarinda, IA 51632	
Mailing Address	City, State, Zip Code	\$20.00
		Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	er .	1 6
·		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)		
Drevide a description of the other		- 7/41
	t or bequest and purpose thereof:	
Personal clothing dona	ited to patients	
Criteria to use this form:		
Receipt of any gift or bequest to	hat is received by any department of the s	tate or received by the Governor on behalf of the state,
atement of Affirmation:		
Sue Rohwaldt Hays	From that the aid as however several at a	
essment of the fair market valu	e (if applicable) is correct and true to the i	e is accurate. I further affirm that the information concerning the donor and sest of my knowledge.
1 1		A
		•
Jan Mar	WWXX	2/11/11
Signature		Date
	( ) -	Uace

Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest,

	_		-	_
FU	KI	₩.	G	В

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office Indexed	
Audited	
Checked	
Computer	

<b>DEPARTMENT</b>	OR OFFICE RECEIVING	THE CIET OF	REGIEST

Clarinda MHI		
Name of Department or Offic 1800 N 160b	- <del></del>	
Mailing Address		arinda, IA 51632
717-542-2161		ity, State, Zip Code
Area Code & Telephone No.		
INTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFIC	3E:
Şue Rehwaldı Hays		
Vamo		
Mailing Address (If different f	rom chave)	At A
Suc,RohwaldiHaye@iowo.gov	iom abbve)	City, State, Zip (if different from above)
mail Address		Area Code & Telephone Number (if different from above)
		And a page of Landburg Linguistic Hotel Stroke)
ONOR OF GIFT OR BEQ	IUEST:	
Amanada Lawrence		
lame		
	Clarinda, IA 51632	
Nailing Address	City, State, Zip Code	1/11 \$30.00
•		11,
rea Code & Telephone Num	nhor	Date of Gift or Bequest Amount/Value*
Total at 1 olophiotic (1d)	ши	"value is defined as "fair market value" of item as determined by
mail Address (optional)		receiving department or office. If no value mark "0.00".
The Tradices (optionize)		
	cift or honorest and numero thereof	
Provide a description of the		
Provide a description of the		
Provide a description of the e Personal clothing do		
Personal clothing do	nated to patients	
Personal clothing do	nated to patients	tate or received by the Governor on behalf of the state.
Personal clothing do	nated to patients	tate or received by the Governor on behalf of the state.
Personal clothing dos	nated to patients	tate or recaived by the Governor on behalf of the state.
Personal clothing do	nated to patients	tate or received by the Governor on behalf of the state.
Personal clothing dos Criteria to use this form: Receipt of any gift or beques terment of Affirmation:	nated to patients  If that is received by any department of the st	
Personal clothing dos  Criteria to use this form:  Receipt of any gift or beques  terment of Affirmation:  ue Rehwaldt Hays	nated to patients  If that is received by any department of the st	
Personal clothing dos  Criteria to use this form:  Receipt of any gift or beques  terment of Affirmation:  ue Rehwaldt Hays	nated to patients  If that is received by any department of the st	
Personal clothing dos  Criteria to use this form:  Receipt of any gift or beques  terment of Affirmation:  ue Rehwaldt Hays	nated to patients  If that is received by any department of the st	
Personal clothing don Criteria to use this form: Receipt of any gift or beques terment of Affirmation: ue Rehwaldt Hays essment of the fair market va	nated to patients  If that is received by any department of the st	